

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4530NTC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VEGAS VALLEY TREATMENT CENTER, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1325 S COMMERCE LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 00	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as the result of a State Licensure survey and Complaint Investigation conducted at your facility on 8/26/09. The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units, effective April 15, 1998.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Complaint #NV00022811 was substantiated. See Tag N174.</p> <p>The following deficiencies were identified:</p>	N 00		
N166 SS=F	<p><b>449.1548(1) OPERATIONAL REQUIREMENTS</b></p> <p>In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall:</p> <ol style="list-style-type: none"> <li>1. Have a medical director who has a valid and current license to practice medicine in this state.</li> </ol> <p>This Regulation is not met as evidenced by: Based on record review on 8/26/09, the medical director had an expired license to practice medicine in the State of Nevada.</p> <p>Severity: 2 Scope: 3</p>	N166		
N169 SS=F	<p><b>449.1548(4) OPERATIONAL REQUIREMENTS</b></p>	N169		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N169	<p>Continued From page 1</p> <p>In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall:</p> <p>4. Be in full compliance with all applicable provisions of 42 C.F.R. Part 8, all other applicable federal laws and regulations and all other requirements of the SAMHSA and the DEA.</p> <p>This Regulation is not met as evidenced by:</p> <p>42 Code of Federal Regulations</p> <p>8.12 Federal opioid treatment standards</p> <p>(4) Initial and periodic assessment services. Each patient accepted for treatment at an OTP shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment. The initial assessment must include preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psychosocial, economic, legal, or other supportive services that a patient needs. The treatment plan also must identify the frequency with which these services are to be provided. The plan must be reviewed and updated to reflect that patient's personal history, his or her current needs for medical, social, and psychological services, and his or her current needs for education, vocational rehabilitation, and</p>	N169		

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N169	Continued From page 2  employment services. c) Continuous quality improvement. (1) An OTP must maintain current quality assurance and quality control plans that include, among other things, annual reviews of program policies and procedures and ongoing assessment of patient outcomes. (ii) OTPs must provide counseling on preventing exposure to, and the transmission of, human immunodeficiency virus (HIV) disease for each patient admitted or readmitted to maintenance or detoxification treatment. (2) Treatment program decisions on dispensing opioid treatment medications to patients for unsupervised use beyond that set forth in paragraph (i)(1) of this section, shall be determined by the medical director. In determining which patients may be permitted unsupervised use, the medical director shall consider the following take-home criteria in determining whether a patient is responsible in handling opioid drugs for unsupervised use. (i) Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol; (ii) Regularity of clinic attendance; (iii) Absence of serious behavioral problems at the clinic; (iv) Absence of known recent criminal activity, e.g., drug dealing; (v) Stability of the patient's home environment and social relationships; (vi) Length of time in comprehensive maintenance treatment; (vii) Assurance that take-home medication can be safely stored within the patient's home; and (viii) Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion. (3) Such determinations and the basis for such	N169			

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N169	<p>Continued From page 3</p> <p>determinations consistent with the criteria outlined in paragraph (i)(2) of this section shall be documented in the patient's medical record. If it is determined that a patient is responsible in handling opioid drugs, the following restrictions apply.</p> <p>(e) Patient admission criteria. -(1) Maintenance treatment. An OTP shall maintain current procedures designed to ensure that patients are admitted to maintenance treatment by qualified personnel who have determined, using accepted medical criteria such as those listed in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), that the person is currently addicted to an opioid drug, and that the person became addicted at least 1 year before admission for treatment. In addition, a program physician shall ensure that each patient voluntarily chooses maintenance treatment and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed written consent to treatment.</p> <p>Based on record review and interview on 8/26/09, the facility failed to comply with 42 Code of Federal Regulations (CFR) Part 8 by not ensuring 5 of 20 patients received a biopsychosocial assessment on admission, by not ensuring that 1 of 6 patients received an annual biopsychosocial assessment, by not ensuring 4 of 4 employees were trained in cardiopulmonary resuscitation (CPR), by not ensuring that clinic policies and procedures were reviewed annually, by not ensuring the Drug Enforcement Agency license was current, by not ensuring HIV counseling was conducted, by not ensuring 3 of 3 patients received unsupervised methadone "take homes" other than Sunday take homes without meeting take home criteria, by not ensuring that 1 of 20</p>	N169			

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N169	<p>Continued From page 4</p> <p>patients had signed a consent for treatment or that 1 of 19 consents were witnessed, by not ensuring that 2 of 20 patients were aware of their treatment plan and by not ensuring the facility followed its quality assurance program.</p> <p>Findings include:</p> <p>The policy titled "Initial and on-going assessments was reviewed. The policy indicated the bio-psychological assessment will be completed within thirty days of admission and yearly.</p> <p>The policy titled "Unsupervised take home" privileges was reviewed. The policy indicated there must be documentation that the patient had demonstrated satisfactory adherence to program rules and regulations, show that the patient has made substantial progress in treatment and had met eleven different criteria for unsupervised take homes.</p> <p>The policy titled "Outcomes management system" was reviewed. The policy indicated that the facility would measure outcomes using quality assurance measures (QAMs), patient satisfaction surveys and community feedback survey questionnaires. The facility was unable to provide any evidence that community feedback questionnaires were distributed, collected and analyzed.</p> <p>The policy titled "First aid plan" was reviewed. The policy indicated that at least one individual will be trained in CPR for each shift. Employee files for Employee #1, #2, #3 and #4 did not contain evidence of current CPR training.</p>	N169		

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N169	<p>Continued From page 5</p> <p>The program policies and procedures were reviewed. There was no evidence the policies and procedures had been annually reviewed.</p> <p>The Drug Enforcement Agency license under the medical director's name expired on 7/31/09.</p> <p>Patient #1 - Admission date 2/7/08. The patient's file was missing a bio-psychosocial assessment conducted within thirty days of admission.</p> <p>Patient #2 - Admission date 2/13/08. The record revealed the patient was given level 4 take home status on 8/17/09, but the patient's record did not contain any justification documentation allowing the patient to receive take home doses.</p> <p>Patient #5 - Admission date was 1/4/08. The record revealed the patient was given level 3 take home status on 6/18/09, but the patient's record did not contain any justification documentation allowing the patient to receive take home doses.</p> <p>Patient #7 - Admission date 5/21/08. The patient's file was missing an annual bio-psychosocial assessment conducted in May of 2009. The record revealed the patient was given level 4 take home status on 6/24/09, but the patient's record did not contain any justification documentation allowing the patient to receive take home doses.</p> <p>Patient #10 - Admission date 10/8/08. The patient's file was missing a bio-psychosocial assessment conducted within thirty days of admission.</p> <p>Patient #12 - Admission date 6/17/09. The patient's file was missing a bio-psychosocial assessment conducted within thirty days of</p>	N169		

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N169	Continued From page 6  admission.  Patient #13 - Admission date 7/22/09. The patient's file was missing a bio-psychosocial assessment conducted within thirty days of admission.  Patient #15 - Admission date 6/29/09. The patient had not signed the treatment plan. Without a signature, it was unknown if the treatment plan had been shared with the patient.  Patient #16 - Admission date 6/10/09. The patient's file was missing a bio-psychosocial assessment conducted on admission to the clinic. The patient's informed consent was not witnessed. There was no treatment plan in the patient's record.  Patient #19 - Admission date 7/23/09. The patient's consent was not signed.  Patient files did not contain evidence that HIV counseling had been conducted. The program director reported that HIV prevention material was available out in the lobby, but no actual HIV counseling was conducted by facility staff.  Severity: 2 Scope: 3	N169		
N174 SS=D	449.1548(9) OPERATIONAL REQUIREMENTS  In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 9. Develop and maintain a system to ensure that prospective and existing clients are not receiving narcotics from any other facility for treatment with narcotics or any other medication unit.	N174		

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N174	Continued From page 7  This Regulation is not met as evidenced by: Based on record review on 8/26/09, the center did not follow the standard procedure to ensure that one patient was not receiving narcotics from any other narcotic treatment center.  Severity: 2 Scope: 1	N174			

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